

POLICY: Within its means Kennewick Public Hospital District recognizes a responsibility to shoulder its share of the burden of meeting the needs of medically indigent patients (those with no or inadequate means of paying for needed care under current methods of financing health care services in the United States). Kennewick Public Hospital District fulfills its legal responsibilities through its Low Income Assistance Program to provide services without charge or at reduced charges as prescribed by WAC 261-14. Low income assistance will be granted to all persons regardless of race, color, sex, religion, age or national origin.

PROCEDURE: Charity care is generally secondary to all other financial resources available to the patient, including group or individual medical plans, worker's compensation, Medicare, Medicaid or medical assistance programs, other state, Federal, or military programs, third party liability situation (e.g., auto accidents or personal injuries), or any other situation in which another person or entity may have a legal responsibility to pay for the costs of medical services.

In those situations, where appropriate primary payment sources are not available, patients shall be considered for financially assisted care under the Low Income Assistance Program based on the following criteria as calculated for the 12 months prior to the date of request:

A. The full amount of charges will be determined to be eligible under the Low Income Assistance Program if family income is at or below one hundred percent (100%) of the current Federal poverty guidelines (consistent with WAC 261-14-027).

B. A sliding schedule (copy attached) shall be used to determine the amount which shall be written off for patients with incomes between one hundred percent (100%) and two hundred percent (200%) of the current Federal poverty guidelines.

C. When circumstances indicate a severe financial hardship or personal loss patients can be considered for a full or partial write off under the Low Income Assistance Program.

D. Assets (savings accounts, real estate, investments, etc.) will be considered when determining eligibility.

The process for identifying patients who are potentially qualified for financial assistance under the Low Income Assistance Program provisions is as follows:

A. During the registration process Admitting or O/P Registration personnel will make an initial determination of eligibility based on verbal or written application for assistance. Pending final eligibility determination, the District will not initiate collection efforts or requests for deposit, provided that the responsible party is cooperative with the District's efforts to reach a determination of sponsorship status, including the return of applications and documentation within fourteen (14) days of their receipt.

B. The District shall use a formal application process for determining qualification for the Low Income Assistance Program however the District may choose to grant assistance based solely on the initial determination. Should patients not choose to apply for assistance, they shall not be considered unless other circumstances or intent become known.

C. Low Income Assistance Program forms, instructions and written applications shall be furnished to patients when need is indicated or when subsequent financial screening indicates potential need. All applications, whether initiated by the patient or by the District, must be accompanied by documentation which will allow the District to verify income and assets.

D. One or more of the following types of documentation may be acceptable for purposes of verifying income:

1. W-2 withholding statements for all employment during the preceding twelve (12) month period;
2. Pay stubs from all employment during the preceding twelve (12) month period;
3. The guarantor's income tax return from the most recently filed calendar year.
4. Forms approving or denying eligibility for Medicaid for other state funded medical assistance;
5. Forms approving or denying unemployment compensation; and/or,
6. Written statements from employers or welfare agencies.

E. The guarantor will be asked to provide verification of application for Medicaid or Medical Assistance and to provide determination of ineligibility. During the initial request period the District may ask the

guarantor to actively pursue and obtain a determination of ineligibility from the State's Medicaid or Medical Assistance program as a condition for consideration of eligibility for the District's Low Income Assistance Program.

F. If documentation for an entire twelve (12) months is not available then the documentation which is available will be annualized. The annualization process will be determined by the District and will take into consideration seasonal employment and/or decreases in income.

G. The Hospital will provide the guarantor with a final determination within fourteen (14) days of receipt of all requested application and documentation material.

H. Denials will be written and include instructions for appeal or reconsideration including the following information:

1. The guarantor may appeal the determination by providing additional information regarding income or family size within fourteen (14) days of receipt of the determination;

2. All appeals will be reviewed by the Hospital Chief Executive Officer; and,

3. If the Chief Executive Officer's determination results in a denial written notification will be sent to the guarantor and to the Department of Health in accordance with State law.

All information relating to the application will be kept confidential. Copies of documents which support the application will be kept with the application form.

Documents relating to Low Income Assistance Program application shall be retained by the District for three (3) years.

The District's Low Income Assistance Program policy will be publicly available through the posting of a sign in English and Spanish and the distribution of written materials indicating the policy to patients at the time that the District requests information pertaining to third party coverage.

Kennewick General Hospital
Low Income Assistance - Income Guidelines *

Run Date:
14-May-91

Family and Unit Income Size of		Percentage of Bill for which Patient is Responsible										
		0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
1	From To	0 6,620	6,621 7,356	7,357 8,092	8,093 8,828	8,829 9,564	9,565 10,300	10,301 11,036	11,037 11,772	11,773 12,508	12,509 13,240	13,241 & Over
2	From To	0 8,880	8,881 9,867	9,868 10,854	10,855 11,841	11,842 12,828	12,829 13,815	13,816 14,802	14,803 15,789	15,790 16,776	16,777 17,760	17,761 & Over
3	From To	0 11,140	11,141 12,378	12,379 13,616	13,617 14,854	14,855 16,092	16,093 17,330	17,331 18,568	18,569 19,806	19,807 21,044	21,045 22,280	22,281 & Over
4	From To	0 13,400	13,401 14,889	14,890 16,378	16,379 17,867	17,868 19,356	19,357 20,845	20,846 22,334	22,335 23,823	23,824 25,312	25,313 26,800	26,801 & Over
5	From To	0 15,660	15,661 17,400	17,401 19,140	19,141 20,880	20,881 22,620	22,621 24,360	24,361 26,100	26,101 27,840	27,841 29,580	29,581 31,320	31,321 & Over
6	From To	0 17,920	17,921 19,911	19,912 21,902	21,903 23,893	23,894 25,884	25,885 27,875	27,876 29,866	29,867 31,857	31,858 33,848	33,849 35,840	35,841 & Over
7	From To	0 20,180	20,181 22,422	22,423 24,664	24,665 26,906	26,907 29,148	29,149 31,390	31,391 33,632	33,633 35,874	35,875 38,116	38,117 40,360	40,361 & Over
8	From To	0 22,440	22,441 24,933	24,934 27,426	27,427 29,919	29,920 32,412	32,413 34,905	34,906 37,398	37,399 39,891	39,892 42,384	42,385 44,880	44,881 & Over

* Based on the 1991 Federal Income Guidelines